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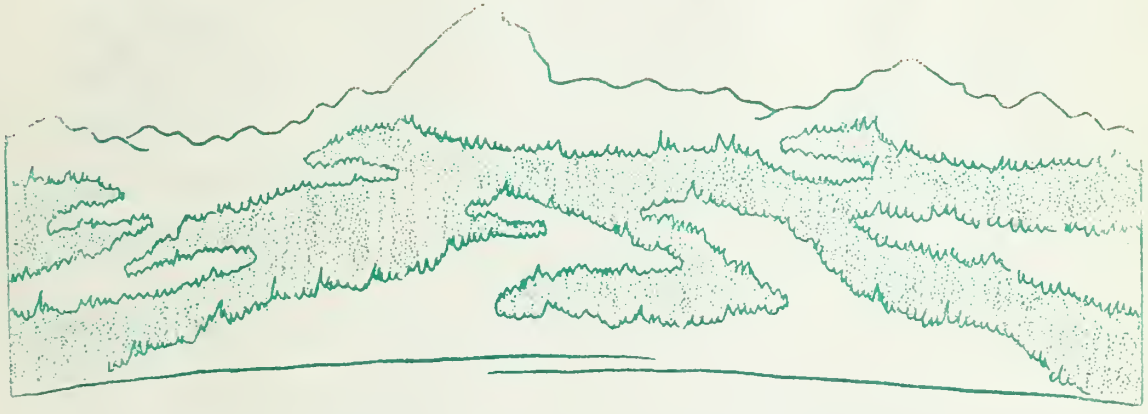
THE MONTANA MAVERICK



THE BIG SKY COUNTRY

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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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AFTERCARE SERVICE FOR WARM SPRINGS STATE HOSPITAL PATIENTS

In late February, 1971, Warm Springs State Hospital completed negotiations for a service agreement with the Aftercare Division of the Montana State Department of Institutions. I would like to take this opportunity to inform our readers about the Aftercare services which are now available to Warm Springs State Hospital patients.

Overview: The term, "Aftercare", as defined by the Department of Institutions, means direct supervision and help extended to persons who have been released from the Institutions in Montana.

In 1965 the Aftercare program was established to supervise children who were previously affiliated with Montana juvenile correctional institutions (Pine Hills School and Mountain View School). Over the ensuing years, Aftercare service has been expanded to include persons released from Montana Childrens' Center, Boulder River School and Hospital, and Swan River Youth Forest Camp. Currently the work of Aftercare is accomplished by John Thomas, Director, and his ten Field Counselors who are located in the major population areas of Montana. The Aftercare Division utilizes the resources of the Division of Vocational Rehabilitation, Department of Public Welfare, Employment Service Commission, and the Department of Public Health to achieve release planning goals.

Current Service Agreement: Briefly stated, the Aftercare Division is offering the following types of service to Warm Springs State Hospital patients:

- Pre-Release Planning in the Community
- Family Counseling in the Home
- Foster Home Placement
- Group Home Placement
- Independent Living Arrangements
- Individual Sponsors
- Employment Assistance
- Grade School Education
- High School Education
- College Education
- Vocational Training
- Planned Recreation
- Service to Unwed Mothers

For the time being, the Aftercare Division is not equipped to handle a large number of referrals from the Hospital. Therefore, referrals are being limited to: (1) Patients within the age group 21 years and younger; (2) Mentally retarded patients of almost any age. Eventually the Aftercare Division may find it possible to accept referrals of Court Order juvenile patients and on patients who would be suitable candidates for Nursing Home Placement.

The Aftercare phase of our patients' hospital experience is essential to final adjustment to community living, and we are happy to have community based resources like the Aftercare Division program available for our use.

GROUP HOME

By the time the Spring Issue of the Maverick reaches the hands of our readers, a new Group Home for Boys will have been established in Butte, Montana. The Group Home will be located at the old Hansen Packing Plant Mansion which is a fourteen room house with spacious ground and a swimming pool nearby. The Home will be funded by a discretionary Federal grant administered through the Governor's Crime Control Commission with matching monies from Model Cities. Staff will include group-life parents, one full-time Counselor, and three part-time Counselors.

The main objective of the Group Home is to create a family atmosphere for boys who have almost any kind or problem, not necessarily one of discipline. However, in some cases, Group Home placement may consittute an alternative to correctional institutions. Maximum capacity of the home will be twelve boys, and only boys who want to overcome their difficulties will be accepted. Intake will depend upon the circumstances of the individual being processed for group life. The maximum length of stay would be one year, during which time a solution for the boy's problems should be found. The Counselors at the Group Home will assist in the supervision of the home, collect data, keep records, and work with the boys, helping them to cope with their problems.

The Group Home project has the endorsement of Butte area public service agencies, and the program will be coordinated with probation, parole, educational institutions, child welfare, Division of Aftercare, courts and mental health organizations. Referrals for placement in the Group Home should be routed to Father Joseph Finnegan, Director, c/o Youth Service Center, Civic Center, Butte, Montana. Father Finnegan welcomes any questions about the Group Home project. He can be contacted at telephone number 792-0888, Butte, Montana.

DRUG USER TREATMENT GROUP

Father Joseph Moran, a Roman Catholic priest affiliated with the Immaculate Conception Catholic Church in Butte, Montana, has organized a treatment group for youthful drug abusers of both sexes. The Treatment Group meets approximately once a week in facilities provided by the Group Home for Boys. The Treatment Group consists of from six to twelve teenagers who usually are referred from the Youth Service Center, 111 East Granite, Butte, Montana, telephone number 792-0888.

The treatment Group provides an opportunity for the teenage members to talk out their problems in an accepting atmosphere. Group membership is entirely voluntary, and group meetings are supervised by Father Moran, Father Joseph Finnegan, Director of the Butte, Montana Group Home for Boys, Bob Butorovich, Assistant Director of the Group Home for Boys, and Ray Worring from the University of Montana Social Research Department.

CRISIS CENTER

A new Crisis Center serving Lewis & Clark, Powell, Granite, Meagher, Broadwater, Deer Lodge, Silver Bow, Jefferson, Gallatin, Madison and Beaverhead counties has been established at 107 East Granite Street, Butte, Montana. The Crisis Center began as a community effort aimed at creating a bridge between troubled people and professional help. The Crisis Center serves not only as a referral agency for people seeking help, but more importantly, as a sympathetic ear for the everyday problems of people.

Approximately 150 volunteers are involved in the Crisis Center operation. At the present time, the Center is open from 4:00 P.M. to 12:00 A.M. daily. The task of the Crisis Center volunteer worker is to listen to the extent of his capacity and to use the resources at his disposal to explore possible referrals with the caller. It is the volunteer worker's obligation to guarantee absolute confidentiality. All Center volunteers are thoroughly screened at Tele-Training sessions, and in-training occurs continuously. A Crisis Center work shift consists of three volunteers working two hours per week. A shift Captain is appointed by the scheduling committee, and the Captain sees that all the Center's procedures are followed properly on his shift. Incoming calls are logged by the volunteers according to the nature of the call and action taken. A volunteer may be relieved of his position for breaching confidence or violating clear-cut policies and procedures. If the volunteer worker recognizes the caller as a personal acquaintance, the worker must refer the caller to another volunteer on the shift. Frequently persons in trouble want counseling help when they call the Center. The Crisis Center, therefore, has arranged for twenty-four back-up Counselors who are available to provide professional help. These Counselors are persons experienced in handling crises, and professions represented by the counselors include: Medicine, Guidance Counseling, Pastoral Counseling and Education. Two back-up Counselors are on call each night of the week.

From October, 1970 to December 31, 1970, over 900 telephone calls were logged at the Crisis Center. Problems presented by the callers were: drug abuse, alcoholism, depression, marital difficulties, and school adjustment. The volume of calls to the Center has increased due to publicity given by television, radio, and other news media.

Development of the Crisis Center program has been guided by Father Joseph Finnegan, Director, and Bob Butorovich, Assistant Director. Staff of Warm Springs State Hospital are interested in the Crisis Center project and have been available for consultation.

CRISIS CENTER TELEPHONE: 792-9161, Butte, Montana.

Richard E. Fanestil
Coordinator of Aftercare
Division of Mental Hygiene

PASS IN REVIEW

Anyone who has ever heard this command will readily recall the surge of pride as company after company of troops passed before the critical eyes of their commanding officers. You could sense the spirit of the men maneuvering as though one person - in perfect unison - to win the coveted "Battalion Flag" for excellence.

During the past months a new dimension was uncovered at Warm Springs State Hospital. As happens so frequently, it takes a Crisis to bring out the hidden talents of people.

Generally speaking, not many people want to work here. There are many who are not capable of working here. Then there are those endowed with the necessary qualities to do what must be done and the willingness to do it - irrespective of salaries or conditions.

There probably never has been a more amicable labor strike in the history of this state. Everyone - management, labor and legislators agreed that something had to be done to improve benefits for employees of this institution. Hopefully, the next Special Session will pass the necessary legislation to give these people a "living wage".

In a review of those trying days, two facts stand out. First, we witnessed the ability of "sick" people to function in an emergency. Secondly, we saw and felt the pride and dedication of this staff. Degrees, white collars, blue collars, uniforms, coveralls - all distinguishing features - were disregarded and relegated to a position of insignificance.

No job was too menial; no one questioned hours; no one griped about conditions. Suddenly, a new comradery was noticed - people going out of their way to help others - to make things easier.

Isn't it amazing how much was accomplished in those few days! There is no question that everyone concerned put out extra effort. It wasn't done for extra pay or because they were forced to do it. It was done because these people are <u>involved</u>.

We can all be proud of these efforts; we can take pride in being a part of this team. Our patients were adequately cared for and we in turn benefited. We now have a deeper understanding of one another and hopefully we took time, as we worked, to remember that "There, but for the Grace of God, go I".

Dag Hammarskjold put it very succinctly when he said, "In our ears, the Road to Holiness necessarily passes through the world of <u>Action</u>". If we continue to act as we did during those few days then we can all PASS IN REVIEW with pride and dignity.

John J. Sullivan
Social Service Department

PROPOSED REGION III
COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER

Region III, West Central Montana, consists of the following eleven counties: Madison, Gallatin, Jefferson, Broadwater, Meagher, Lewis & Clark, Deer Lodge, Granite, Silver Bow, Powell, and Beaverhead. These counties have an area of 25,796 square miles and a 1970 population of 155,903, or 6.0 persons per square mile. The four counties of Lewis & Clark, Silver Bow, Deer Lodge, and Gallatin have formed a Regional Mental Health Board and are attempting to establish a regional comprehensive community mental health center. These four counties have a population of 123,419 or 79.16% of the population of the region. The principle cities are: Helena, Butte, Anaconda, and Bozeman.

The Regional Board is made up of one representative (county commissioner) from each of the four participating counties. The Board members are: Mr. Donald F. Gates, Chairman, Deer Lodge County; Mr. Ralph Armstrong, Gallatin County; Mr. Joe Kissock, Silver Bow County; and Mr. Al Gaskill, Lewis & Clark County. This Board formally organized on February 5, 1971.

The West Central Regional Mental Health Board in a collaborative and cooperative effort with the State Division of Mental Hygiene submitted a federal staffing grant application early in February, 1971 to obtain funds to hire staff for a comprehensive community mental health center. Because of the size of the region and the population dispersion, the overall plan is to provide a combination of centralized, decentralized, and some traveling workshops, clinics, diagnostic and treatment services. The present Mental Hygiene Clinics in Butte and Helena will become part of the comprehensive community mental health center and form the nucleus of the initial center staff. The city of Butte will become the administrative and clinical headquarters for the Region, while branch offices or satellites will be established in each of the other three participating counties: Lewis & Clark (Helena), Gallatin (Bozeman), Deer Lodge (Anaconda).

The following table shows the proposed staffing pattern for each office. The staff of the presently existing mental hygiene clinics in Butte and Helena are included in these figures:

	Anaconda	Bozeman	Butte	Helena	Total
Psychiatrists	0	1	2*	1	4
Psychologists (Ph.D)	0	1	1	1	3
Psychologists (MS)	0	1	1	1	3
Psychiatric S.W. (MSW)	1	1	1	1	4
Social Worker (BA)	0	0	1	0	1
Alcoholism Counselors	1	0	1	1	3
Psychiatric Nurse	0	0	1	0	1
Secretarial	1*	2*	3	2*	8
Accounting	0	0	1	0	1
TOTAL	3	6	12	7	28

* Of the 28 positions, 4 are half time making the equivalent of 26 full time people.

Budgetary Needs

Based on the assumption that the program will be fully staffed, the total cost for the Region III program will be $371,549. Of this amount, $172,993 has been applied for in the form of a federal staffing grant which consists of 75% of the salaries for new staff positions. In addition, the state under current regulations must continue to pay the costs of the salaries and operating expenses for both the Butte and Helena Mental Hygiene Clinics which amounts to $98,292. This is known as the State maintenance of effort.

After the federal staffing grant and the state maintenance of effort is subtracted from the total program costs, the sum of $100,264 remains. Of this amount, $50,123 is to be contributed by the participating counties and can be matched dollar for dollar by the state. The costs per county, based upon population are as follows:

County	% of Cost	Amount
Lewis & Clark	26.97	$13,520
Silver Bow	34.02	17,055
Deer Lodge	12.68	6,357
Gallatin	26.33	13,199
	100.00	$50,132

Present Status

The staffing grant application will be reviewed by a federal reviewing team during the latter part of April, 1971. If the application is approved, it then becomes a matter of determining whether there are sufficient funds on the federal level to finance the program. This determination will most likely be made sometime this June.

If the grant is approved and funded at the federal level, it then becomes the responsibility of the state and counties to meet their financial obligations to the program. The Model Cities Programs in both Helena and Butte will meet the costs of their counties' share of the program while the other two counties will meet their share out of county tax monies.

The target date for the starting of the Region III center will be either September, 1971; or January, 1972 depending upon when federal funds become available. It should be noted that the amount of federal participation on new staff salaries is 75% for the first two years; 60% for the third year; 45% for the fourth year; and 30% for the remaining four years of the grant period.

Jack Balcombe
James Scriver
Community Services Consultants

T.B. OR NOT T.B.

Mycobaterium Tuberculosis, T.B., is a very onomis term and disease. It is very common that people become very apathetic when a disease is on the decrease, but no one should ever become complacent about Tuberculosis.

For the past four years, the Department of Radiology at Warm Springs State Hospital, has been conducting a T.B. Survey on all new admissions. This program has been very successful in the detection of lung pathology and related pathology.

Associated with this program we have also made an effort to keep all x-rays up to date on all long term patients in the hospital. This program includes a review of previous chest x-rays, and a chest plate one year after the previous film. A number of patients have x-rays before this date due to other circumstances, such as: surgery, chest pains, injuries, etc. A great deal of time and effort are put into this program and the results have been very satisfactory in the early detection of lung, heart, and associated disorders.

Since the disbanding of the mobile chest x-ray vans throughout the state, it has become the financial responsibility of each private citizen to have a check-up and chest x-ray at least once a year. Recent figures on the increase of Tuberculosis would indicate a lack of interest in the general public to follow through and have a check-up and that all important chest x-ray.

Recently a PPD Skin Test Program was instituted in Warm Springs State Hospital. This method of testing is accomplished by injecting a small amount of Purified Protein Derivative of Tuberculin under the skin. This PPD Skin Test will be conducted on all employees of the institution. If after the injection a positive reaction is found, a large red welt on the mid forearm, follow-up examinations are done and a chest x-ray is taken. The positive reaction does not necessarily mean that you have T.B., but that you have been exposed or you have had an allergic reaction to the PPD Reagent. This is an absolutely safe method of testing for T.B., and with your chest x-ray you can breathe with ease knowing that your lungs are free of Mycobaterium Tuberculosis.

Take a little time, invest a few dollars for your check-up and chest x-ray. Do it for your family and your own peace of mind, but most important, DO IT NOW!

James Richard Haas, R.T. (A.R.R.T.)
Chief Technologist
Department of Medical Electronics

WOMEN ALCOHOLICS
WHAT CAN BE DONE TO HELP THEM?

The word "ALCOHOLIC" may disturb you. Even in the present day, to many people it still suggests only weaklings and outcasts. Where the Woman Alcoholics are concerned, this mistaken impression remains particularly strong. You have all heard the old expression - "He was drunk as a Lord last nite" - but never do we hear "She was drunk as a Lady!"

Most societies tend to look with tolerance and even amusement on a male drunk - and to recoil in distaste from a woman who is in the same condition. A greater tragedy is that the woman alcoholic herself so often shares this bias. For her, the woman alcoholic, the burden of guilt and remorse that every alcoholic drinker carries may be doubled.

Sick, lonely, tired and frightened, many women are either unaware of their descent into alcoholism or simply refuse to accept the fact that their excessive drinking has become unmanageable.

The World Service Office of Alcoholics Anonymous in New York believes that, of the nation's estimated 12.5 million alcoholics, as many as HALF are women. Today, increasing effort is being made to help these women who have an over-powering obsession to drink. Although there is no known "cure" for alcoholism, like many other diseases, it can be arrested provided the alcoholic seeks help.

Addiction to alcohol has been called by Dr. Roger O. Egeberg, assistant secretary for health and scientific affairs of the Department of Health, Education and Welfare, "The number one health problem in the nation". The extent of the problem is illustrated by these facts:

1. Alcoholism ranks with heart disease, mental illness and cancer as a major threat to the nation's health.

2. Forty percent of all arrests, a high percentage of delinquency and untold numbers of suicides are directly attributable to alcoholism. Fifty percent of highway accidents are caused by the drinking driver.

3. Among alcoholics, divorce is FOUR times the national average. Moreover, in its later stages, alcoholism can lead to early death or insanity.

Only in comparatively recent times have women with an obsessive need to drink sought or have been able to find a way back to sobriety. The HIDDEN WOMAN ALCOHOLIC is adept at concealing her drinking. When her husband or relatives discover she's drinking to excess, they protect her from what they consider "Social Disgrace" instead of seeking treatment for her - they deny she has a problem - they hide her and consequently her drinking gets worse. As a rule, most women are quiet, at-home drinkers. They are usually so effective in keeping their problem a secret that it's often years before their alcoholism is detected, thus making recovery much more difficult.

The plight of the housewife - the hidden woman alcoholic in general, is causing grave concern among workers in the field of alcoholism. It is these women who are the hard-to-reach cases. They must be made to realize they are sick and not moral outcasts. Alcohol gives this woman a momentary sense of freedom and a feeling of well-being, and she becomes dependent on it - thus taking another step toward alcoholism. A woman may probably be considered an alcoholic if she continues to drink even though her drinking consistently causes physical illness, such as headaches, and pains in the stomach. Alcohol, the primary toxic drug, can produce in its late stages a host of serious illnesses - for example, cirrhosis of the liver, chronic brain syndrome, nerve and muscular malfunctions.

Alcohol is a depressant. High concentrations can severly depress the central nervous system to the point where death can occur. More and more women are turning to alcohol to assuage feelings of loneliness and insecurity. However, once an alcoholic woman admits her condition, there are many courses of treatment available to her, both medical and psychological.

We are very fortunate indeed in Montana to have the Alcoholic Treatment and Rehabilitation Center at Warm Springs and Galen - where the sick woman alcoholic can seek help with her illness - ALCOHOLISM. We have noticed an increase in the admissions for women coming here for help. This is encouraging. If you know a woman alcoholic, help her seek treatment. Always remember, she is a very sick human being and needs help not censure.

Joy Nash
AT&R Counselor